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CONFIRMATION NO. 5006

<b>SERIAL NUMBER</b> 09/382,275	<b>FILING OR 371(c) DATE</b> 08/25/1999 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 20220-311	
<b>APPLICANTS</b> ROBERT A. VAN TASSEL, EXCELSIOR, MN; DAVID R. HOLMES, ROCHESTER, MN; ROBERT S. SCHWARTZ, ROCHESTER, MN;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/139,804 08/25/1998 ABN <i>AB</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>AB</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/08/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>AB</i>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 37374					
<b>TITLE</b> IMPLANTABLE DEVICE FOR PROMOTING REPAIR OF A BODY LUMEN					
<b>FILING FEE RECEIVED</b> 2066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		